CENTRAL FAX CENTER

DEC 0 1 2006



## North America Intellectual Property Corporation

P.O. BOX 506, Merrifield, VA 22116, U.S.A.

Voice Mail: 302-729-1562

FAX: 806-498-6673

e-mail:winstonhsu@naipo.com

Customer No.: 27765

Fax To: Gupta, Parul H

Tel: (571) 272-5260

Art Unit: 2627

Fax: (571) 273-8300

From: Winston Hsu, Registration No. 41,526

Serial No.: 10/604,862

Attorney Docket No.: MTKP0032USA

Subject: Request For Continued Examination (RCE)

Total Pages: 19 pages (including cover page)

Winston Hsu 12/01/2006

MTKP0032USA0\_R1\_1

## RECEIVED CENTRAL FAX CENTER

DEC 0 1 2006

PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL FOR PURPOSE PRINCIPLE OF 12/08/2006  FEE TRANSMITTAL FOR Y 2006    Application Number   10/08/4.862   Application Number   10/08/4.862	Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number									
FEE TRANSMITTAL FOR FY 2006    Applicant claims ampli entity status. See 37 CFR 1.27   Art Unit   2627	(	Complete If Known								
Applicant claims small entity status. See 37 CFR 127   Careminer Name   Cupts. Part IH		Application Nu	wper	10/604,8	62					
Applicant claims small entity status. See 37 CFR 1.27   Art Unit					Filing Date		08/22/2003			
An Unit   2627   Altomey Docket No.   MTKP0032USA	For FY 2006				First Named Inventor Ming-Ya		Ming-Yar	ng Chao		
TOTAL AMOUNT OF PAYMENT (\$) 850.00 Attomey Docket No. MTKP0032USA  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number. 50-3105 Deposit Account Name. North America Intellectua  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below. Except for the filling fee of the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below. except for the filling fee  Charge fee(s) indicated below. except for the filling fee  Charge fee(s) indicated below. except for the filling fee  Charge fee(s) indicated below. except for the filling fee  Charge fee(s) indicated below. except for the filling fee  Charge fee(s) indicated below. except for the filling fee  Charge fee(s) indicated below. except for the filling fee  Charge fee(s) indicated below. except for the filling fee  Charge fee(s) indicated below. except for the filling fee  Charge fee(s) indicated below. except for the filling fee  Charge fee(s) indicated below. except for the filling fee  Charge fee(s) indicated below. except for the filling fee  Charge fee(s) indicated below. except for the filling fee  Charge fee(s) indicated below. except for the filling fee  Charge fee(s) indicated below. except for the filling fee  Charge fee(s) indicated below. except for the filling fee(s) indicated below. except for the filling fee  Examination overpayments  Examination of the filling fee fee(s) fee(	Applicant cl	Examiner Name Gupts		Gupla, P	a, Parul H					
Check   Credit Card   Money Order   None   Other (please identify):										
Check Credit Card Money Order None Other (ptrase identify):    Deposit Account Deposit Account Number: 50-3105 Deposit Account Name: North America Intellectua   For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   Charge fee(s) indicated below	TOTAL AMOUNT OF PAYMENT (\$) 850.00				Attorney Docket No. MTKP0032USA					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below   Charge fee(s)   Charge f	METHOD OF PAYMENT (check all that apply)									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Indicated	Check Credit Card Money Order None Other (please identify):									
Charge fee(s) indicated below. Charge fee(s) indicated below, except for the filling fee    Charge free my additional fee(s) or underpayments of fee(s)   Credit arry overpayments   Under 37 CFR 1.16 and 1.17     Under 37 CFR 1.16 and 1.16     Under										
Charge any additional fee(s) or underpayments of fee(s)  WARNINGS. Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and the form may become public. Credit card information and the form. Provide credit card information and authorization on PTO-2008  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (3) Fee (3) Fee (3) Fee (3) Fee (4) Fee (3) Fee (4) Fee (4) Fee (4) Fee (5) Fee										
WARNING: firm marks on this form may become public. Gredit card information and this form. Provide credit card information and suffortration on PTO-2038.   FEE CALCULATION	Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filing fee									
BASIC FILING, SEARCH, AND EXAMINATION FEES   FILING FEES   Small Entity   Fee (\$)   Fee (\$)	under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
Small Entity   Smal	FEE CALCULATION									
Utility   300   150   500   250   200   100   100   50   130   65	FILING FEES SEARCH FEES EXAMINATION FEES									
Design   200   100   100   50   130   65	Application 3	Type Fee (	\$) Fee (	nuty Fee (\$	Small Enuty Fee (\$)	Fee	(\$) Fee	(2) EURIX	Fees Paid (\$)	
Plant   200   100   300   150   160   80	Utility									
Plant	Design	200	100	100	50	13(	) 6	5		
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		200	100	300	150	160	8	0		
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Reissue	300	150	500	250	600	30	0		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Total Claims  Total Claims  Total Claims  Total Claims  Total Claims  Total Claims  Extra Claims  Extra Claims  Fee (5)  Fee Paid (5)  Multiple Dependent Claims  Total Claims  Total Claims  Total Claims  Total Claims  Extra Claims  Extra Claims  Fee (5)  Fee Paid (5)  Total State  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.5(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional \$0 or fraction thereof  Fee (5)  Fee Paid (6)		200		0		(	· ·	0		
Registration No. 41,526 Telephone 3027291562	Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee (\$)  Fee Paid (\$)  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee (\$)  Fee Paid (\$)  Shorts or fraction and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Fee Paid (\$)  Fee Paid (\$)									
ignature (Altorney/Agent) Registration No. 41,526 Telephone 3027291562										
(Attorney/Agent) 41,020		1. 2	1.1			11	526	Telephone	3027291562	
		(Attorney/Agent)	-+ 1 ,	JZU .						

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.